THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 28 1957

35241 STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 124

1. PLACE OF DEATH
a. COUNTY: Cooper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Booneville — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Haas Nursing Home — Length of stay in 1b: 1 yr.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Morgan
c. CITY OR TOWN: Stover — Inside Limits: Yes ☐ No X
d. STREET ADDRESS (If outside, give location) — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Della Middle: Last: Geary

4. DATE OF DEATH: Month Day Year: Oct. 22, 1957

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED X DIVORCED ☐
8. DATE OF BIRTH: June 10, 1882
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 4 Days 12 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (City and state or country): Benton County Missouri U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: C. L. Hughes
14. MOTHER'S MAIDEN NAME: Emma Franklin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Clayton Taylor Stover, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): arteriosclerotic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): apoplexy cerebral Thrombosis — 2 days.
DUE TO (c): senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): senility 4221

19. WAS AUTOPSY PERFORMED? YES ☐ NO X

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Oct 19-57, to Oct 22 57 and last saw her/him alive on Oct 21-57
Death occurred at 5:30 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): L. C. Chamberlain M.D.
22b. ADDRESS: Boonville Mo
22c. DATE SIGNED: 10-22-57

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: Oct 25 1957
23c. NAME OF CEMETERY OR CREMATORY: STOVER CEMETERY
23d. LOCATION (City, town, or county): STOVER (State): MO.

24. FUNERAL DIRECTOR ADDRESS: A. Newman Home Mo
25. DATE RECD. BY LOCAL REG.: 10/22/57
26. REGISTRAR'S SIGNATURE: D. E. Hooper

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

.300 1-56

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Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

581-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed J. R. Stevenson

Licensed Embalmer No. 407

P. O. Address Stover

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.